

**Nevada Retail Network  
Self Insured Group**

**WORKERS' COMPENSATION QUOTE**

575 S. Saliman Road  
Carson City, NV 89701-5000

www.pgmnv.com

Phone: (775) 887-2480

Fax: (866) 439-9585

info@pgmnv.com

**Prepared For:**  
Nevada State Board of Athletic Trainers  
P O Box 34296  
Reno, NV 89533

**Account Executive:** George Swetland  
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**Agent:**  
**Date Prepared:** 9/11/2014

Thank you for the opportunity to provide the following workers' compensation quote and discuss your individual needs within your company. We look forward to working with you to review all of your safety, risk management and claims needs.

**Number of Employees:** 1

**Coverage A, Workers' Compensation Limit:**  
Statutory (per the State of Nevada)

**Coverage B, Employers' Liability Limit:**  
\$1,000,000 Each Accident and \$1,000,000 Each Employee for Disease and \$1,000,000 Disease-Policy Limit

**Terms and Conditions:**

This is an estimate provided for analytical purposes. This in no way constitutes a guarantee or any other promise of actual savings. Actual savings will depend on actual payroll and class codes.

Payrolls are subject to annual audit.

Payment of dividends is not guaranteed. The decision to pay dividends is made by the Board of Directors 24-36 months after end of policy year.

All terms and conditions of membership in the Nevada Retail Network Self Insured Group are set forth in the NRNSIG by-laws. A copy of this document is available for your review.

Additional duties and requirements are outlined in the attached copy of your signed application.

Initial Payment in Advance will be utilized as a credit towards your monthly assessment payment due until depleted unless otherwise noted.

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Code	Classification	Estimated Payroll	Rate	Manual Premium	Emod	Estimated Assessment
6401	State boards, authorities & agencies	\$20,000	1.18	\$236	1.00	\$236
<b>Total:</b>		<b>\$20,000</b>				<b>\$236</b>



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<b>Estimated Annual Assessments:</b>	\$236	
<b>Expense Constant:</b>	\$0	
<b>Employer's Liability:</b>	\$0	0.00 %
	\$0	
	\$0	
<b>Overtime Discount:</b>	\$0	0.00 %

<b>Total Estimated Assessment:</b>	<b>\$500</b>
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<b>Total After Dividend:</b>	<b>\$461</b>
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<b>Initial Payment In Advance:</b>	<b>\$500</b>
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